



Fractioner's Docket No. KINGP.55031

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re prior application of: Judy G. SHANNON, et al.
Application No.: 09/595,515
Filed: June 15, 2000
For: BOOKMARK

Group No.: 2859
Examiner: A. Hirshfeld

Box FEE AMENDMENT
Commissioner for Patents
Washington, D.C. 20231

OP-2859
H/10
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5/17/01
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AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

05/15/2001 HMDHAMM1 0000093 210800 09595515

Fee: \$445.00

01 FC:217 445.00 CH

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- Deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Date: 5/9/01

FACSIMILE

- transmitted by facsimile to the Patent and Trademark Office.

Signature:

Gary M. Anderson
(type or print name of person certifying)



FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	OTHER THAN A			SMALL ENTITY Addit. Fee
		Present Extra	Rate		
Total	20	Minus	20	= 0	x \$18 = \$0
Indep.	6	Minus	6	= 0	x \$80 = \$0
First Presentation of Multiple Dependent Claim				+ \$270 =	\$0
				Total Addit. Fee	<u>\$0</u>

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Please charge \$445.00 fee to our Deposit Account No. 21-0800.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 21-0800.
If any additional fee for claims is required, charge Account No. 21-0800.

Date: 5/9/01



Signature of Practitioner

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